

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**10/519928**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		1/2					54						
5		1/2					55						
6		1/2					56						
7		1/2					57						
8		1/2					58						
9		1/2					59						
10		1/2					60						
11		1/2					61						
12		1/2					62						
13		1/2					63						
14		1/2					64						
15		1/2					65						
16		1/2					66						
17		1/2					67						
18		1/2					68						
19		1/2					69						
20		1/2					70						
21		1/2					71						
22		1/2					72						
23		1/2					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	22	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	23						TOTAL CLAIMS						